

9232

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049469

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12786

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Anthony's Hosp.Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
3213 S. 9th St.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Veronica Grzegorzcyk4. DATE
OF
DEATH Dec. 23, 19635. SEX
female6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
May 20, 18809. AGE (last birthday)
83IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Poland12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Martin Czapl

13b. MOTHER'S MAIDEN NAME

Angela Unk

14. NAME OF HUSBAND OR WIFE

Anthony

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no; or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

unk

17. INFORMANT St. Louis, Mo.

Anthony Grzegorzcyk 3213 S. 9th St.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Apoplexy

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

334X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-22-63 to 12-23-63 and last saw her alive on 12-23-63
Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John A. Serl M.D.

22b. ADDRESS

3739 Leavitt

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

12-26-63

23c. NAME OF CEMETERY OR CREMATORY

SS Peter & Paul Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Southern Funeral Home

ADDRESS

6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 28 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATE
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

73

after 6 or 1
dr. sent after 6 PM. at Home

6485 Century Rd

FL 19477

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Van Fossom

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.